

POSITION DESCRIPTION

Part I: POSITION INFORMATION

Read each heading carefully before proceeding. Make statements simple, brief, and complete. **Be certain the form is signed.** Send the original to Human Resources. Supervisors and incumbents are responsible for completion of this form.

Classified	Regular	Full-Time	Existing	100%	Other %
Position Number: K0047919		Current Class Title: Health or Environmental Planning Consultant		For Use by Human Resources Allocation: Hlth/Env Planning Consultant Effective Date: 11/30/2008 FLSA Status: Nonexempt Approved By: Patti Woodcock Pay Grade: 27	
Employee Name: Mary Ann Bechtold		Proposed Class Title: (reallocations or new positions only)			
Direct	Name: Marc Shiff	Position Number: K0047427			
Supervisor	Title: Public Service Executive II				
Location:	Topeka/Shawnee	Other Location:	8:00am - 5:00pm	Other Hours:	
Division:	Division of Health, Bureau of Family Health			Budget Program Number:	65110

Part II: ORGANIZATIONAL INFORMATION

1. If this is a request to reallocate the position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

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2. How much latitude is allowed incumbent in completing work? Considerable

3. What kinds of instructions, methods and guidelines are given to the incumbent in this position to help do the work?

Employee receives a general outline of work to be performed. Work is periodically checked for progress.

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4. Which statement best describes the results of error in action or decision of this incumbent?

Major program failure, major property loss, or serious injury or incapacitation.

5. Describe the work of this position. Use the following format for describing the duties: What is the action being done (use action verb); to whom or what is the action directed (object of action); why is the action being done (describe the result or outcome expected); how is the action expected to be performed (describe the manner, methods, techniques or procedures in which the task is currently performed).

Number Each Task, Indicate Percent of Time and Identify each function as Essential or Marginal by placing an "E" or "M" next to the % of time for each task. No duty shall exceed 50% nor be less than 5%.

Essential functions are primary job duties for which the position was created and that an employee must be able to perform, with or without a reasonable accommodation.

Marginal functions are peripheral, incidental or minimal parts of the position.

Note: The description of how the work is to be performed does not preclude the consideration of reasonable accommodation(s) for qualified persons with a disability.

Number	% of Time	E or M	Description of Duties
1.	30%	E	Identifies and projects future social and funding resources for CSHCN within the State. Plans, develops and implements efforts to secure additional funding resources for children and youth with special health care needs by monitoring and sharing grant notices with other State programs serving the same population. Provides consultation to the Title V, CSHCN program in the development of grants and implementation of program goals and objectives. Participate in inter-agency and intra-agency meetings. Attends state and national meetings. Consults with families and service providers from multiple disciplines and coordinates the development and maintenance of CSHCN tracking system and services.
2.	25%	E	Updates and provides consultation and coordination of vendor contracts. Interprets the Maternal and Child Health and State goals and objectives, and identifies measurable recommendations for the contract language. Analyzes and recommends contractual goals and objectives. Consults with contractors and interprets comprehensive health plan to planning councils and the public. Collects and reports data to assess health program needs. Approves quarterly reports for payment, and represents the agency at health meetings.
3.	15%	E	Train and oversee MADIN technical staff. Analyzes and makes recommendations to section director about MADIN service changes and maintenance of MADIN reports and responses. Recommends procedures regarding MADIN calls/contacts, and develops appropriate staff routing procedures. Report number and type of calls received to expand and improve program. Assess family and service providers use of the help line in order to connect information and needs to resources.
4.	15%	E	Coordinate and Collaborate with CSHNC staff to develop and implement WEB IZ data system. Supervise data entry staff (in Topeka) and generate reports for State and Federal reports. Provide consultation and oversight of clinic data provided by contractors. Monitor for quality issues and report to supervisor in a timely fashion. Participate on inter-agency and intra-agency committees as assigned.
5.	10%	E	Analyze the Make A Difference Website and make recommendations on website needs. Research and update local, state and community resources. Collaborate with IT to update the website. Coordinate with links to assure families are able to navigate and find needed services. Respond to emails received.
6.	5%	M	Perform other duties as assigned including serving as a member of the KDHE Disaster Response Team as needed to assure the agency's public and environmental health response is adequately staffed during and immediately following natural and/or manmade disasters, infectious disease outbreaks, and/or acts of terrorism.

6. Click on the button if this position directly supervises agency employees:		<input checked="" type="radio"/> Supervisor <input type="radio"/> Non-Supervisor	
7. List the class titles and position numbers of all agency employees directly supervised by this position:			
Class Title	Position #	Class Title	Position #
Administrative Specialist	K0133390		

8. For what purpose, with whom and how frequently are contacts made with the public, officials or other employees?

<input checked="" type="checkbox"/> Local Government Officials <input checked="" type="checkbox"/> State Government Officials <input type="checkbox"/> Federal Government Officials <input checked="" type="checkbox"/> Community Contacts <input type="checkbox"/> Private Consultants <input type="checkbox"/> Owners <input type="checkbox"/> Operators <input type="checkbox"/> Legislature <input checked="" type="checkbox"/> KDHE Program Staff <input type="checkbox"/> Other <input style="width: 150px;" type="text"/> <input type="checkbox"/> Other <input style="width: 150px;" type="text"/> <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>	Occasionally Occasionally Frequency: Frequently Frequency: Frequency: Frequency: Daily Frequency: Frequency: Frequency:	▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼	provide program information provide program information Purpose: provide program information Purpose: Purpose: Purpose: provide program information Purpose: Purpose: Purpose:	▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼	Other Purpose: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
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9. What hazards, risks or discomforts exist on the job or in the work environment?

☒ Normal Office Environment
☐ Other (please explain)

10. Describe any methods, techniques or procedures that must be used to ensure safety for equipment, employees, clients and others.
 (Check all that apply.)

☐ Standard industry health and safety protocol is used at sites to ensure the safety of all on-site personnel and the general public.
☐ Contact with corrosive, toxic, ignitable, and/or reactive materials during fieldwork including hazardous or solid waste site visits, sampling activities, and related work may occur.
☐ Pursuant to 29 CFR, Part 1910.120, employee will be required to successfully complete the 40-hour Hazardous Waste Site Operations training and the annual eight-hour update training.
☐ Personal protective equipment is provided as necessary.
☐ The use of electrical audiovisual equipment necessitates knowledge and safety measures while using and securing equipment cords to prevent self and others from electrical shock or trip/fall injuries.
☐ Normal driving and road hazards may occur while traveling Kansas roads.
☒ Use of proper lifting techniques is necessary when lifting and moving material, equipment, etc.
☒ Requires the use of computer, copier, calculator, fax, and other electrical office machines.
☐ Incumbent is encouraged to follow office safety practices to ensure safety for self and others in the office.
☐ Other:

11. Performance of the duties of this position could be reasonably anticipated to cause exposure to blood, blood products and/or other potentially infectious materials.

☐ Yes
 ☒ No

12. Check all machines regularly used in the work of this position and indicate frequency with which they are used.

Equipment:	Frequency Used:	Equipment:	Frequency Used:	Other:
<input checked="" type="checkbox"/> Computer	Daily ▼	<input type="checkbox"/> Other (describe)	Frequency: ▼	<input style="width: 100%;" type="text"/>
<input checked="" type="checkbox"/> Telephone	Daily ▼	<input type="checkbox"/> Other (describe)	Frequency: ▼	<input style="width: 100%;" type="text"/>
<input checked="" type="checkbox"/> Copier	Daily ▼	<input type="checkbox"/> Other (describe)	Frequency: ▼	<input style="width: 100%;" type="text"/>
<input checked="" type="checkbox"/> Fax machine	Frequently ▼	<input type="checkbox"/> Other (describe)	Frequency: ▼	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Scanner	Frequency: ▼			
<input type="checkbox"/> Scientific equipment	Frequency: ▼			
<input type="checkbox"/> Sampling equipment	Frequency: ▼			
<input checked="" type="checkbox"/> Vehicle	Occasionally ▼			

Part III: EDUCATION, EXPERIENCE AND SAFETY INFORMATION

13. Minimum Requirements (MR) as stated in the State of Kansas Class Specification. **Note: Do not include substitution statement indicated on class specification. However, if substitution is desired, specifically describe substitution.**

Bachelor's degree in health, human science, or social work.

14. Special Requirements: Additional qualifications for this position that are necessary to perform the Essential Functions of the position (i.e. license, registration or certification).

License's Required ☐ Valid Driver's License - Incumbent is required to have and maintain a valid driver's license when operating a state vehicle, a private vehicle, or a rental vehicle for the benefit of the State.
☐ Professional Environmental Engineer - Incumbent is required to maintain a professional environmental engineer license while in the position.
☐ Professional Geologist - Incumbent is required to maintain a professional geology license while in this position.

Other License

15. Preferred education, experience or skills. **(These items will be used to screen applicants when recruiting to fill the position.)**

Preferred Education

- ☐ High School/GED
☒ Bachelors Degree
☐ Masters Degree
☐ Ph.D.
☐ M.D.
☐ Other
☐ Other
☐ Other
☐ Other

Degree Area

Public Health, Administration, Nursing

Preferred Skills

- ☒ Computer Skills
☒ Grammar
☐ Other
☐ Other
☐ Other
☐ Other
☐ Other
☐ Other
☐ Other
☐ Other

Word, Excel, PowerPoint, Access

Proofreading, editing, attention to detail

Preferred Experience:

A minimum of 2 years experience in public health, public administration, social work, or nursing. Experience working with children and youth with special health care needs. Ability to consult and communicate with families and professionals. Ability to network and engage multiple domains (local, state, national, consumer and professional) to collaborate on common goals and solutions.

Part IV: SIGNATURES

Signature of Employee _____
Date _____

Signature of Human Resources Official _____
Date 12/14/2008

Approved:

Marc Shiff _____
Signature of Supervisor Date 8/21/2008

Signature of Agency Head or Appointing Authority _____
Date 12/14/2008